Case 16-09467 Doc 1 Filed 03/18/16 Entered 03/18/16 16:12:11 Desc Main Document Page 1 of 48

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Earl First name L. Middle name Burl Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | 3 | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0769 | |

Debtor 1 Earl L. Burl

Document Page 2 of 48

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|--|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 7830 W. North Ave. | If Debtor 2 lives at a different address: | | | |
| | | Apt. 310 Elmwood Park, IL 60707 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Cook County | County | | | |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | If Debtor 2's mailing address is different from yours, fill in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

Case 16-09467 Doc 1 Filed 03/18/16 Entered 03/18/16 16:12:11 Desc Main Document Page 3 of 48 Case number (if known) Debtor 1 Earl L. Burl Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the Yes. last 8 years? Northern District of When 1/30/09 09-0287 District Case number Illinois District When Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with

you, or by a business partner, or by an affiliate?

> Debtor Relationship to you When District Case number, if known Relationship to you Debtor When District Case number, if known

Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

| Deb | tor 1 Earl L. Burl | | | Document | Page 4 of 48 | Case number (if known) | | |
|-----|---|-----------------------|--------------------|--|------------------------|-------------------------|--|--------|
| Par | t 3: Report About Any Bu | sinesses | You Own a | s a Sole Proprietor | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to F | | | | | |
| | | ☐ Yes. | Name a | nd location of business | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | f business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numbe | r, Street, City, State & ZIP (| Code | | | |
| | it to this petition. | | Check | he appropriate box to desc | ribe your business: | | | |
| | | | | Health Care Business (as o | defined in 11 U.S.C. § | 101(27A)) | | |
| | | | | Single Asset Real Estate (a | as defined in 11 U.S.C | C. § 101(51B)) | | |
| | | | | Stockbroker (as defined in | 11 U.S.C. § 101(53A) |) | | |
| | | | | Commodity Broker (as define | ned in 11 U.S.C. § 10 | 1(6)) | | |
| | | | | None of the above | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | es. If you inc | icate that you are a small by statement, and federal inc | usiness debtor, you m | nust attach your most r | ebtor so that it can set approprecent balance sheet, statemes do not exist, follow the proce | ent of |
| | For a definition of small | ■ No. | I am no | t filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fili Code. | ng under Chapter 11, but I a | am NOT a small busir | ness debtor according | to the definition in the Bankru | ptcy |
| | | ☐ Yes. | I am fili | ng under Chapter 11 and I a | am a small business o | debtor according to the | e definition in the Bankruptcy | Code. |
| Par | Report if You Own or | Have Any | y Hazardou | s Property or Any Propert | ty That Needs Immed | diate Attention | | |
| 14. | Do you own or have any property that poses or is | ■ No. | | | | | | |
| | alleged to pose a threat of imminent and | ☐ Yes. | What is th | e hazard? | | | | |
| | identifiable hazard to public health or safety? | | | | | | | |
| | Or do you own any property that needs immediate attention? | | | ite attention is hy is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | he property? | | | | |

Number, Street, City, State & Zip Code

Page 5 of 48 Document Case number (if known) Debtor 1 Earl L. Burl

Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5:

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a

mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes П

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active П military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive | a briefing about credit |
|------------------------------|-------------------------|
| counseling because of: | |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| | Earl L. Buil | | | | | | |
|-----|---|------------------------------------|--|--|--|--|--|
| Par | Answer These Questi | ons for Re | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | | usiness debts? Business debts are debts estment or through the operation of the bus | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you o | owe that are not consumer debts or busine | ss debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | r 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | Do you estimate that after any exempt props will be available to distribute to unsecure | | | |
| | administrative expenses | | ■ No | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 | | ☐ 1,000-5,000 ☐ 5001-10,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 | | |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 | | |
| 19. | How much do you estimate your assets to be worth? | \$0 - \$1 | | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion | | |
| | | □ \$100,0 | 01 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| 20. | How much do you estimate your liabilities | \$0 - \$9 | | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion | | |
| | to be? | ☐ \$100,0 | 01 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - \$50 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| Par | t7: Sign Below | | | | | | |
| For | you | I have ex | amined this petition, and I de | clare under penalty of perjury that the infor | mation provided is true and correct. | | |
| | | | | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I c | | | |
| | | | | not pay or agree to pay someone who is not notice required by 11 U.S.C. § 342(b). | ot an attorney to help me fill out this | | |
| | | I request | relief in accordance with the | chapter of title 11, United States Code, spe | ecified in this petition. | | |
| | | bankrupto 1519, and | cy case can result in fines up | t, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20 | | | |
| | | /s/ Earl Earl L. E Signature | | Signature of Debto | or 2 | | |
| | | Executed | on March 18, 2016 MM / DD / YYYY | Executed on MM | I/DD/YYYY | | |

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Debtor 1 Earl L. Burl Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| | G. Buffington Attorney for Debtor | Date | March 18, 2016 MM / DD / YYYY |
|------------------------|---|---------------|----------------------------------|
| Damita G. Printed name | Buffington | | |
| Damita Bu | ffington & Associates, LLC | | |
| Chicago, I | Vestern Ave. L 60643 Citv. State & ZIP Code | | |
| Contact phone | 773-298-0280 | Email address | bknotices@chicagoelimidebt.com |
| 6228924 | | | |

| | | Docume | ent Page 8 of 48 | |
|---------------------|--------------------------|-------------------|------------------|-------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Earl L. Burl | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this amended fili |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets | | |
|-----|---|--------------|--------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 27,100.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 27,100.00 |
| Par | 12: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 21,896.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 5,000.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 33,653.00 |
| | Your total liabilities | \$ | 60,549.00 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,554.21 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,489.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | our other so | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Earl L. Burl Document Page 9 of 48

Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ |
|----|--|----|
| | | |

4,870.69

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Boot A on Oaks dida E/E according fall and an | Total clai | m |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | Case 10-03401 | Docu Tiled o | ment Page 10 of 48 | #10 10.12.11 D | 53C Main |
|--------------------------------|-----------------------------------|---------------------------|---|--|--|
| Fill in this | information to identify you | | | | |
| Debtor 1 | Earl L. Burl | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing | ng) First Name | Middle Name | Last Name | | |
| | tes Bankruptcy Court for the: | | | | |
| Officeu Sta | iles Barikrupicy Court for the. | NORTHERN DISTRI | OF ILLINOIS | | |
| Case num | ber | | | | ☐ Check if this is an amended filing |
| | | | | | |
| Officia | I Form 106A/B | | | | |
| _ | dule A/B: Prop | ertv | | | 12/15 |
| | | | y once. If an asset fits in more than on | ne category, list the asset in t | |
| | | | people are filing together, both are equal portion of any additional pages, write your name | | |
| | | | tate You Own or Have an Interest In | , | , , . |
| | | | | | |
| . Do you o | wn or have any legal or equitable | interest in any residenc | e, building, land, or similar property? | | |
| ■ No. Go | to Part 2. | | | | |
| ☐ Yes. V | Where is the property? | | | | |
| Part 2: De | scribe Your Vehicles | | | | |
| | | | | | |
| | | | y vehicles, whether they are regist hedule G: Executory Contracts and | | vehicles you own that |
| | · | • | • | , | |
| s. Cars, va | ans, trucks, tractors, sport u | tility venicles, motoro | cycles | | |
| ☐ No | | | | | |
| Yes | | | | | |
| | Toyeta | | | Do not deduct secured of | claims or exemptions. Put |
| 3.1 Mak | Vanne | | nterest in the property? Check one. | the amount of any secur | red claims on Schedule D: |
| Mod Yea | | Debtor 1 o □ Debtor 2 o | • | | aims Secured by Property. |
| | | | and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| Othe | er information: | ☐ At least on | ne of the debtors and another | | |
| | | Observativité é | h!- ! | \$20,000.00 | \$20,000.00 |
| | | (see instruc | his is community property ctions) | Ψ20,000.00 | 420,000.00 |
| | | | | | |
| . Watercr | raft, aircraft, motor homes, A | ATVs and other recrea | ational vehicles, other vehicles, a | nd accessories | |
| Example | es: Boats, trailers, motors, pers | sonal watercraft, fishing | g vessels, snowmobiles, motorcycle | accessories | |
| ■ No | | | | | |
| □ Yes | | | | | |
| | | | | | |
| | | | | | |
| | | | ur entries from Part 2, including a | | \$20,000.00 |
| .pages | you have attached for Part 2 | . Write that number h | ere | => | Ψ=0,000.00 |
| Part 3: De | scribe Your Personal and Hous | ehold Items | | | |
| Do you ov | vn or have any legal or equi | table interest in any o | f the following items? | | Current value of the |
| | | | | | portion you own? Do not deduct secured |
| Ua | old goods and furnishings | | | | claims or exemptions. |
| nousen | OIO OOOOS AND TURNISHINGS | | | | |

Household goods and furnishings *Examples*: Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property page 1

| Del | otor 1 | Earl L. Burl | Document Page 11 of 48 | |
|------------------|-----------------------|--------------------------------|--|---|
| ı | Yes. | Describe | Bed, dresser, 2 night stands, book shelf, couch, chair, table/4chairs, dishes | \$500.00 |
| [| □No | es: Televisions | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; ell phones, cameras, media players, games | music collections; electronic devices |
| _ | ■ Yes. | Describe | tv, stereo, computer, vacuum, microwave | \$300.00 |
| | | | nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; star tions, memorabilia, collectibles | np, coin, or baseball card collections; |
|] 9. E | □ Yes. Equipm | Describe ent for sports | and hobbies | |
| į | No | musical inst | tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; truments | canoes and kayaks; carpentry tools; |
| | ■ No | oles: Pistols, rifle | es, shotguns, ammunition, and related equipment | |
| 11. | Clothe: Examp | oles: Everyday o | clothes, furs, leather coats, designer wear, shoes, accessories | |
| | ■ Yes. | Describe | necessary wearing apparel | \$300.00 |
| į | ■ No | | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, | gems, gold, silver |
| | | rm animals oles: Dogs, cats | s, birds, horses | |
| 14. I | Any otl ■ No | | nd household items you did not already list, including any health aids you did no | t list |
| | Add t | | e of all of your entries from Part 3, including any entries for pages you have attact t number here | ned \$1,100.00 |
| Par | t 4: Des | scribe Your Fina | ncial Assets | |
| Do | you ow | vn or have any | legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| _ | Cash Examp ■ No | oles: Money you | u have in your wallet, in your home, in a safe deposit box, and on hand when you file yo | ur petition |

Official Form 106A/B

Schedule A/B: Property

| | | Case 16-09467 | Doc 1 | Filed 03/18/16 | | Desc Main |
|---------|-----------------|--|-----------------------|---|---|----------------------------|
| De | ebtor 1 | Earl L. Burl | | Document | Page 12 of 48 Case number (if known) | |
| | ☐ Yes | | | | | |
| 17. | | | | al accounts; certificates counts with the same in | of deposit; shares in credit unions, brokerage stitution, list each. | houses, and other similar |
| | □ No ■ Yes | | | Institution r | name: | |
| | | | | | | |
| | | 17.1. | | USE Cred | dit Union >>> Checking | \$500.00 |
| | | 17.2. | | USE Cred | dit Union >>> Savings | \$500.00 |
| 18. | | , mutual funds, or publicl | | | | |
| | Examp ■ No | oles: Bond funds, investme | nt accounts v | vith brokerage firms, mo | ney market accounts | |
| | | 1 | nstitution or i | ssuer name: | | |
| 19. | and jo | ublicly traded stock and i | nterests in ir | ncorporated and uninc | orporated businesses, including an intere | st in an LLC, partnership, |
| | ■ No □ Ves | Give specific information a | shout them | | | |
| | □ 163. | | e of entity: | | % of ownership: | |
| 20. | Negotia | | ersonal check | ks, cashiers' checks, pro | negotiable instruments omissory notes, and money orders. by signing or delivering them. | |
| | ■ No | | | | | |
| | ⊔ Yes. | Give specific information a Issu | bout them er name: | | | |
| 21. | | nent or pension accounts oles: Interests in IRA, ERIS | | 1(k), 403(b), thrift saving | gs accounts, or other pension or profit-sharing | y plans |
| | Yes. | List each account separate | • | la a Charlana | | |
| | | Type o | f account: | Institution r | name: rings plan | \$5,000.00 |
| 22. | Your sl | | you have m | | ntinue service or use from a company ectric, gas, water), telecommunications compa | nies, or others |
| | ■ No | | | Institution r | name or individual: | |
| 22 | | | ic navment o | f manay ta yay aithar fa | or life or for a number of years) | |
| 20. | ■ No | | | | in the of for a flumber of years, | |
| | ☐ Yes | Issuer name | and descript | tion. | | |
| 24. | | s in an education IRA, in C. §§ 530(b)(1), 529A(b), a | | | ogram, or under a qualified state tuition pr | ogram. |
| | ☐ Yes | Institution na | ame and des | cription. Separately file t | he records of any interests.11 U.S.C. § 521(c) |): |
| 25. | Trusts, ■ No | equitable or future inter | ests in prope | erty (other than anythir | ng listed in line 1), and rights or powers ex | ercisable for your benefit |
| | ☐ Yes. | Give specific information a | about them | | | |
| 26. | | s, copyrights, trademarks bles: Internet domain name | | | | |
| | | Give specific information a | about them | | | |

Official Form 106A/B

| | | Case 16-09467 | Doc 1 | Filed 03/18/16 Document | Entered 03/18/16 16:12:11 Page 13 of 48 | Desc Main |
|-----|----------------------|---|-------------------------------|---|--|---|
| De | btor 1 | Earl L. Burl | | Document | Case number (if known) | |
| | <i>Examp</i> ■ No | | sive licenses | | n holdings, liquor licenses, professional licens | ses |
| | ⊔ Yes. | Give specific information a | bout them | | | |
| Мс | oney or p | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | unds owed to you Give specific information al | pout them, inc | cluding whether you alre | eady filed the returns and the tax years | |
| | <i>Examp</i> ■ No | support eles: Past due or lump sum Give specific information | | usal support, child supp | ort, maintenance, divorce settlement, propert | y settlement |
| | Examp ■ No | mounts someone owes y les: Unpaid wages, disabili benefits; unpaid loans Give specific information | ty insurance | payments, disability ber someone else | nefits, sick pay, vacation pay, workers' compe | ensation, Social Security |
| | Examp ■ No | Name the insurance compa | | | (HSA); credit, homeowner's, or renter's insura Beneficiary: | nce Surrender or refund value: |
| | If you a someon | erest in property that is dare the beneficiary of a living the has died. Give specific information | ue you from g trust, expec | someone who has die at proceeds from a life in | ed nsurance policy, or are currently entitled to rec | |
| | <i>Examp</i> ■ No | against third parties, wholes: Accidents, employment | | | i it or made a demand for payment s to sue | |
| | ■ No | contingent and unliquidat | ed claims of | every nature, includir | ng counterclaims of the debtor and rights t | o set off claims |
| | ■ No | ancial assets you did not Give specific information | already list | | | |
| 36 | | | | | ny entries for pages you have attached | \$6,000.00 |
| Pai | rt 5: Des | scribe Any Business-Related | Property You | Own or Have an Interest Ir | n. List any real estate in Part 1. | |
| I | No. Go | wn or have any legal or equitate to Part 6. o to line 38. | able interest ir | any business-related pro | operty? | |

| Deb | tor 1 Earl L. Burl | | Document | Page 14 of | 48 Case number (if known) | Desc Main |
|------|--|-----------------------|-----------------------|---------------------|------------------------------|---|
| Part | 6: Describe Any Farm- and Com | | | or Have an Interest | , | |
| | If you own or have an interest in | | | | | |
| | Do you own or have any legal | or equitable intere | st in any farm- or | commercial fishii | ng-related property? | |
| | No. Go to Part 7. | | | | | |
| | Yes. Go to line 47. | | | | | |
| | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | | | | | |
| Part | 7: Describe All Property You Ow | n or Have an Interest | in That You Did Not L | _ist Above | | |
| | Oo you have other property of Examples: Season tickets, cou | | | | | |
| | No | · | • | | | |
| | Yes. Give specific information | 1 | | | | |
| | · | | | | ŗ | |
| 54. | Add the dollar value of all of | your entries from | Part 7. Write that r | number here | | \$0.00 |
| | | | | | l | |
| Part | 8: List the Totals of Each Part of | f this Form | | | | |
| 55 | Part 1: Total real estate, line | 2 | | | | \$0.00 |
| | Part 2: Total vehicles, line 5 | _ | | \$20,000.00 | | Ψ0.00 |
| | Part 3: Total personal and he | ousehold items, lin | e 15 | \$1,100.00 | | |
| | Part 4: Total financial assets | • | _ | \$6,000.00 | | |
| 59. | Part 5: Total business-relate | ed property, line 45 | | . , | | |
| | | | | \$0.00 | | |
| 60. | | | , line 52 | \$0.00 | | |
| 61. | Part 7: Total other property | not listed, line 54 | + | \$0.00 | | |
| 62. | Total personal property. Add | l lines 56 through 61 | | \$27,100.00 | Copy personal property to | otal \$27,100.0 0 |
| 63. | Total of all property on Sche | edule A/B. Add line s | 55 + line 62 | | | \$27,100.00 |

Official Form 106A/B Schedule A/B: Property page 5

| | | | 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|---------------------|--------------------------|-------------------|---|
| Fill in this infor | rmation to identify your | case: | |
| Debtor 1 | Earl L. Burl | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |
| Case number | | | |
| (if known) | | | |
| | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | Part 1: | Identify t | he Propert | y You Claim | as Exempt |
|--|---------|------------|------------|-------------|-----------|
|--|---------|------------|------------|-------------|-----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2013 Toyota Venza 35000 miles | \$20,000.00 | | \$0.00 | 735 ILCS 5/12-1001(c) |
| Zino nom constant / v Zi. ci. | | | 100% of fair market value, up to any applicable statutory limit | |
| Bed, dresser, 2 night stands, book shelf, couch, chair, table/4chairs, | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| dishes Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| tv, stereo, computer, vacuum, microwave | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| necessary wearing apparel | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(a) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| USE Credit Union >>> Checking Line from Schedule A/B: 17.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| Line Holli Golledale PVD. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |

Entered 03/18/16 16:12:11 Document Page 16 of 48 Earl L. Burl Debtor 1 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Schedule A/B Check only one box for each exemption. **USE Credit Union >>> Savings** 735 ILCS 5/12-1001(b) \$500.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Thrift savings plan 735 ILCS 5/12-1006 \$5,000.00 \$5,000.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

Doc 1

Case 16-09467

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Filed 03/18/16

No

Yes Desc Main

Case 16-09467 Doc 1 Filed 03/18/16 Entered 03/18/16 16:12:11 Desc Main Page 17 of 48 Document Fill in this information to identify your case: Debtor 1 Earl L. Burl Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column B Column C Column A 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much Amount of claim Value of collateral Unsecured as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the that supports this portion value of collateral. claim If any Santander Consumer 2.1 \$21,896.00 \$20,000.00 \$1,896.00 Describe the property that secures the claim: **USA** Creditor's Name 2013 Toyota Venza 35000 miles As of the date you file, the claim is: Check all that Po Box 961245 Fort Worth, TX 76161 □ Contingent Number, Street, City, State & Zip Code ■ Unliquidated ☐ Disputed Nature of lien. Check all that apply. Who owes the debt? Check one. ☐ An agreement you made (such as mortgage or secured) ■ Debtor 1 only car loan) Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit ☐ Check if this claim relates to a ☐ Other (including a right to offset) community debt Opened 1/01/16 **Last Active** 1000 Last 4 digits of account number Date debt was incurred 2/29/16 \$21,896.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$21,896.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| [| Name | Add | iress |
|---|------|-----|-------|
|---|------|-----|-------|

-NONE-

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number

| | | Documen | t Page 18 of | 48 | | | | |
|---|---|---|---|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ill in this inform | nation to identify your | case: | | | | | | |
| ebtor 1 | Earl L. Burl | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| ebtor 2 | First Name | Middle Norse | Last Name | | | | | |
| pouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| nited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT O | F ILLINOIS | | | | | |
| ase number | | | | | | | | |
| known) | | | | | | ☐ Check | if this is | an |
| | | | | | | amend | led filing | |
| · · · · · · · · · · · · · · · · · · · | 400E/E | | | | | | | |
| official Forr | | | | | | | | |
| chedule E | E/F: Creditors | Who Have Unse | cured Claims | | | | | 12/15 |
| hedule G: Execut Creditors Who Ha Continuation Pa mber (if known). | ory Contracts and Unexpi ave Claims Secured by Pr | that could result in a claim. Al- red Leases (Official Form 1060 operty. If more space is neede- re no information to report in a nsecured Claims | G). Do not include any cre d, copy the Part you need | ditors with partially I, fill it out, number t | secured cla he entries in | nims that are n the boxes | listed in S on the left | Schedule t. Attach |
| 1. Do any cred | litors have priority unsecu | red claims against you? | | | | | | |
| ☐ No. Go to | | | | | | | | |
| _ | or all 2. | | | | | | | |
| Yes. | our priority unsecured cla | ims. If a creditor has more than o | one priority unsecured clain | n list the creditor sens | arately for ea | ach claim. Fo | r each clai | im listed |
| identify what possible, list | type of claim it is. If a claim the claims in alphabetical of | has both priority and nonpriority order according to the creditor's n particular claim, list the other cre | amounts, list that claim he name. If you have more that | re and show both prio | rity and non | priority amou | nts. As mu | uch as |
| (For an expla | anation of each type of clain | n, see the instructions for this for | m in the instruction booklet | | | | | |
| | | | | Total claim | Priority amount | | Nonprio amount | • |
| .1 | | | | | | - | | |
| Internal | Revenue Service | Last 4 digits of accou | ınt number | \$ 5,000.0 | 00 \$ | 5,000.00 | \$ | \$0.00 |
| • | ditor's Name | | | | | | - ' | |
| Box 734 | .6 ∣phia, PA 19101-734 | When was the debt in | curred? | | | | | |
| | reet City State Zlp Code | | e, the claim is: Check all t | hat apply | | | | |
| Who incur | red the debt? Check one. | Continuent | | | | | | |
| ■ Debtor | | ☐ Contingent | | | | | | |
| ☐ Debtor | , | ☐ Unliquidated | | | | | | |
| ☐ Debior. | 2 Offiny | - Offiliquidated | | | | | | |
| ☐ Debtor | 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| ☐ At least | one of the debtors and and | other . | | | | | | |
| ☐ Check community | if this claim is for a y debt | Type of PRIORITY un | secured claim: | | | | | |
| Is the clair | n subject to offset? | ☐ Domestic support of | bbligations | | | | | |
| ■ No | | ☐ Taxes and certain of | other debts you owe the go | vernment | | | | |
| ☐ Yes | | ☐ Claims for death or | personal injury while you w | vere intoxicated | | | | |
| | | Other. Specify | | s, and commiss | ions | | | |
| | | — Other. Specify | | | | | - | |
| | I - (V NONE | D/ 11 1 Ol 1 | | | | | | |
| | of Your NONPRIORIT | | | | | | | |
| 3. Do any cred | litors have nonpriority un | secured claims against you? | | | | | | |
| | | | | | | | | |
| ☐ No. You I | have nothing to report in thi | s part. Submit this form to the co | urt with your other schedule | es. | | | | |

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of

Total claim

Part 2.

Document Page 19 of 48 Case number (if know) Debtor 1 Earl L. Burl 4.1 885.00 A/r Concepts 0167 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? 18-3 E Dundee Rd Barrington, IL 60010 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Med1 02 Schaumburg Oral Surgery Ltd Other. Specify 4.2 Ascension Services L P 8239 695.00 Last 4 digits of account number Priority Creditor's Name 1550 N Norwood Ste 305 When was the debt incurred? Opened 7/01/14 Hurst, TX 76054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Kahuna** ☐ Yes Other. Specify **Payment Solutions**

4.3 City of Chicago

> Priority Creditor's Name Dept. of Finance 33589 Treasury Center Chicago, IL 60694-3500

Number Street City State Zlp Code

Last 4 digits of account number

6060

444.00

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

| Debtor | 1 Earl L. Burl | Document Pa | age 2 | 20 of 48 Case number (if know) | | |
|--------|---|--|----------|---|----|----------|
| | Who incurred the debt? Check one. | | | · · · · · · · · · · · · · · · · · · · | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unse | ecured | claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a not report as priority claims | a separa | ation agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit- | sharing | plans, and other similar debts | | |
| | ☐ Yes | Other. Specify | ckets | NON-DISCHARGEABLE | | |
| 1.4 | Comcast | Last 4 digits of account num | nher | 6248 | \$ | 372.00 |
| | Priority Creditor's Name | Last + digits of account fruit | iibei | | Ψ | |
| | Box 3002 Southeastern, PA 19398-3002 | When was the debt incurred | d? | 2015 | | |
| | Number Street City State Zlp Code | As of the date you file, the c | claim is | : Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | <u> </u> | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unse | ecured | claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising out of a not report as priority claims | a separa | ation agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit- | sharing | plans, and other similar debts | | |
| | Yes | Other. Specify | tilitie | 3 | | |
| 1.5 | Department of Veterans Affairs | Last 4 digits of account num | nber | burl | \$ | 6,110.00 |
| | Priority Creditor's Name PO Box 530269 | When was the debt incurred | d? | 2015 | | |
| | Atlanta, GA 30353-0269 Number Street City State Zlp Code | As of the date you file, the c | claim is | : Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unse | ecured | claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a not report as priority claims | a separa | ation agreement or divorce that you did | | |
| | ■ No | _ ` ` ` ` | sharing | plans, and other similar debts | | |
| | Yes | Other. Specify | ledica | l Bill | | |
| 1.6 | Directv | Last 4 digits of account num | nber | 0769 | \$ | 200.00 |
| | Priority Creditor's Name Box 9001069 | When was the debt incurred | | 2005 | | |
| | Number Street City State Zlp Code | As of the date you file, the c | claim is | : Check all that apply | | |

| Debtor | 1 Earl L. Burl | Document | Page | 21 of 48 Case number (if know) | |
|--------|---|---|--------------|--|-----------------|
| | Who incurred the debt? Check one. | П о | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecured | l claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising ou not report as priority clair | | ration agreement or divorce that you did | |
| | ■ No | | | g plans, and other similar debts | |
| | Yes | Other. Specify | Collec | etion | |
| 1.7 | Gateway One Lending & Finance Priority Creditor's Name | Last 4 digits of account | number | 8592 | \$ 19,619.00 |
| | 1601 Riverview Dr Ste 100 Anaheim, CA 92808 | When was the debt inco | urred? | Opened 11/01/14 Last Active 1/05/16 | |
| | Number Street City State Zlp Code | As of the date you file, | the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecured | l claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | Obligations arising ou not report as priority clair | | ration agreement or divorce that you did | |
| | ■ No | Debts to pension or p | rofit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | BMW 5 series 90000 miles ENDERING | |
| 1.8 | MCSI -Municipal Collection | | | | 202.00 |
| | Services, Inc Priority Creditor's Name | Last 4 digits of account | number | 8370 | \$ 200.00 |
| | 7330 College Dr Suite 108 | When was the debt inco | urred? | | |
| | Palo Heights, IL 60463 Number Street City State Zlp Code | As of the date you file, | the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecured | I claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | Obligations arising ou not report as priority clair | | ration agreement or divorce that you did | |
| | No | | | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | 01 Vill | age Of River Forest | |
| 1.9 | MCSI -Municipal Collection Services, Inc Priority Creditor's Name | Last 4 digits of account | number | 5965 | \$ 200.00 |

Case 16-09467 Doc 1 Filed 03/18/16 Entered 03/18/16 16:12:11 Desc Main Document Page 22 of 48 Debtor 1 Earl L. Burl Case number (if know) 7330 College Dr When was the debt incurred? Suite 108 Palo Heights, IL 60463 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 01 Village Of Stone Park Other. Specify 4.10 **MCSI - Municipal Collection** 100.00 6224 Last 4 digits of account number Services, Inc \$ Priority Creditor's Name 7330 College Dr When was the debt incurred? Suite 108 Palo Heights, IL 60463 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community

☐ Obligations arising out of a separation agreement or divorce that you did

| | not report as priority claims | | | | | |
|---|---|--|--|--|--|--|
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| Yes | Other. Specify | 1 Village Of River Forest | | | | |
| Raymond L. D'Amico DDS | Last 4 digits of account nur | mber 1141 | | | | |
| Priority Creditor's Name 7830 W. North Ave. | When was the debt incurred | d? 2015 | | | | |
| Elmwood Park, IL 60707 Number Street City State Zlp Code | As of the date you file, the | claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| Debtor 1 only | | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY uns | ecured claim: | | | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| Is the claim subject to offset? | ☐ Obligations arising out of not report as priority claims | a separation agreement or divorce that you did | | | | |
| ■ No | ☐ Debts to pension or profit- | sharing plans, and other similar debts | | | | |
| ☐ Yes | Other. Specify | ledical Bill | | | | |

☐ Student loans

debt

Is the claim subject to offset?

493.00

| Schaumburg Oral Surgery Priority Creditor's Name | Last 4 digits of account number | 6795 | \$ 885.00 |
|--|--|---|----------------|
| c/o A/R Concepts, Inc. Barrington, IL 60010-5292 | When was the debt incurred? | 2015 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | | |
| ■ Debtor 1 only | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Medic | eal Bill | |
| Sir Finance Corporation | Last 4 digits of account number | 0769 | \$ 1,851.00 |
| Priority Creditor's Name 6140 N. Lincoln Ave. | When was the debt incurred? | 2015 | |
| Chicago, IL 60659 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Unsec | cured loan | |
| Us Employees Cr Un | Last 4 digits of account number | 3150 | \$ 1,599.00 |
| Priority Creditor's Name | - | One and 44/04/44 Least | |
| 230 S Dearborn St Ste 29 Chicago, IL 60604 | When was the debt incurred? | Opened 11/01/14 Last Active 2/29/16 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | | |
| ■ Debtor 1 only | - | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did | |

■ No

Unsecured Loan Other. Specify

lacktriangle Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

not report as priority claims

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Debtor 1 Earl L. Burl Case number (if know)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

-NONE-

On which entry in Part 1 or Part2 did you list the original creditor?

Line of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total claim | |
|--------------|-----|---|-----|-------------|-----------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 5,000.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 5,000.00 |
| | | | | Total Claim | |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | 0 | Obligations said an autoforce services assessed as discuss that were | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 33,653.00 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$ | 33,653.00 |

| | | | 111 1 aac 23 (1 4 0 | |
|---------------------|--------------------------|-------------------|--------------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Earl L. Burl | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number, | whom you have the Street, City, State and ZIP (| contract or lease | State what the contract or lease is for |
|-----|-----------|----------------------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | • | | | | |

| | | Docume | ent Page 26 d | of 48 | |
|------------------------------|---------------------------------------|---|---------------------------|---|---------|
| Fill in this | s information to identify you | r case: | | | |
| | | | | | |
| Debtor 1 | Earl L. Burl First Name | Middle Name | Last Name | | |
| Dahtar 0 | i iist ivanie | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| (| | | | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | | | | | |
| Case num | iber | | | Charle Willia in an | |
| (II KIIOWII) | | | | ☐ Check if this is an | |
| | | | | amended filing | |
| Ott: ~: ~ | I Farms 40011 | | | | |
| Omcia | I Form 106H | | | | |
| Sched | dule H: Your Cod | debtors | | 12/ | 15 |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| fill it out, a your name | | e boxes on the left. Attac n). Answer every question | h the Additional Page | tion. If more space is needed, copy the Additional F to this page. On the top of any Additional Pages, w | |
| 1. 00 | you have any codebiors: (| i you are illing a joint case, | do not list ettilet spous | e as a codeptor. | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| | | | | ry? (Community property states and territories include | |
| Arizon | na, California, Idaho, Louisian | a, Nevada, New Mexico, Pu | ierto Rico, Texas, Wasł | nington, and Wisconsin.) | |
| | | | | | |
| | . Go to line 3. | | | | |
| ⊔ Yes | s. Did your spouse, former sp | ouse, or legal equivalent liv | e with you at the time? | | |
| | | | | | |
| in line Form | e 2 again as a codebtor only | if that person is a guarar | ntor or cosigner. Make | r if your spouse is filing with you. List the person s sure you have listed the creditor on Schedule D (O 06G). Use Schedule D, Schedule E/F, or Schedule O | Officia |
| iii ou | it Column 2. | | | | |
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the d | lebt |
| | Name, Number, Street, City, State and | ZIP Code | | Check all schedules that apply: | |
| 0.4 | | | | По В :: | |
| 3.1 | Name | | | Schedule D, line | |
| | TVAITE | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | | |
| | City | State | ZIP Code | | |
| | | | | | |
| 0.0 | | | | D 01.11.0.5 | |
| 3.2 | Name | | | Schedule D, line | |
| | rvanie | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify your o | case: | | | | 1 | | | | | |
|--------------------|--|---|---|-------------------------|---------------|-----------------------|-----------------------|------------------|-------------------|------------------------|-----------------------|
| | otor 1 Earl L. Burl | | | | | | | | | | |
| | otor 2 use, if filing) | | | | _ | | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | | |
| | se number | | - | | | □ A | | ed fili ent s | howing | g postpetition | |
| O | fficial Form 106I | | | | | _ | 1M / DD/ \ | | _ | | |
| So | chedule I: Your Inc | ome | | | | ., | IIVI / DD/ | | | | 12/15 |
| sup spo atta | as complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not fili ir spouse is not filing w | ing jointly, and y ith you, do not i | our spouse nclude infor | is li mati | ving with ion abou | you, inc t your sp | lude ouse | infori e. If m | mation abo | ut your is needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or r | non-fil | ling spous | е |
| | If you have more than one job, | Empleyment status | ■ Employed | ☐ Employed | | | | | | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employ | ☐ Not employed | | | ☐ Not e | emplo | yed | | |
| | employers. | Occupation | Counselor | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Hines VA Ho | spital | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 5000 VA Hos Hines, IL 60 | | | | | | | | |
| | | How long employed t | here? 8 ye | ears | | | | | | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | _ | | | | |
| spou | mate monthly income as of the duse unless you are separated. u or your non-filing spouse have m | | | • | | | | · | | · | - |
| | e space, attach a separate sheet to | | | | | , | | | | | , |
| | | | | | | For Del | otor 1 | | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 4 | ,461.17 | \$ | | N/A | <u>\</u> |
| 3. | Estimate and list monthly over | ime pay. | | 3. | +\$ | | 0.00 | +\$ | S | N/A | <u>\</u> |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 4,46 | 61.17 | | \$ | N/A | |

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| Debte | or 1 | Earl L. Burl | | Cas | e number (<i>if knov</i> | vn) | | | | |
|-------|-------------------|---|-------------------|-------------------|---------------------------|----------|----------|----------|-------------------|-----------------|
| | | | | Fo | r Debtor 1 | | | Debtor 2 | | |
| | Cop | y line 4 here | 4. | \$ | 4,461. | 17 | \$ | | N/A | - |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions | 5a. 5b. | \$ \$ | 1,139.4 | | \$ | | N/A | _ |
| | 5c. | Mandatory contributions for retirement plans Voluntary contributions for retirement plans | 5c. | φ_ \$ | 35.0 223.0 | | \$ | | N/A N/A | - |
| | 5d. | Required repayments of retirement fund loans | 5d. | | 0.0 | | ς— \$ | | N/A | - |
| | 5e. | Insurance | 5e. | | 57.9 | | \$— | | N/A | - |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.0 | | \$ | | N/A | - |
| | 5g. | Union dues | 5g. | \$ | 0.0 | | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: IRS Levy | 5h | + \$ | 450.8 | | + \$ | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,906.9 | 96 | \$ | | N/A | - |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,554.2 | | \$ | | N/A | - |
| 8. | 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | | 0.0 | | \$ | | N/A | _ |
| | 8b. | Interest and dividends | 8b. | \$_ | 0.0 | 00 | \$ | | N/A | _ |
| | 8c. 8d. 8e. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security | 8c. 8d. 8e. | \$_ \$_ \$_ | 0.0 0.0 0.1 | 00 | \$ \$ | | N/A N/A | - |
| | 8f. | Other government assistance that you regularly receive | oe. | Ψ_ | 0.0 | <u> </u> | Ψ | | IN/A | - |
| | 8g. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | e 8f. 8g. | \$_ \$_ | 0.0 | | \$ | | N/A N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h | Τ_ | | 00 | · · | | N/A | = |
| | 011. | | _ 011. | · | 0.0 | | ` | | 17/7 | - - |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 0.0 | 00 | \$ | | N/A | <u> </u> |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | 3 | 2,554.21 + | \$ | | N/A = | \$ | 2,554.21 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | 2,004.21 | | | | _ | 2,004.21 |
| 11. | Incluothe Oo i | te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | | | | J. + \$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | \$ | 2,554.21 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | _ | ombir | ned y income |
| | | No. Yes Explain: | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fill | in this informa | ation to identify yo | our case: | | | | | | | | | |
|------------|-------------------------------|---|------------------------|---|--------------------------|---|---|--------------|--------------------------------------|--|-----------------|--|
| | otor 1 | Earl L. Burl | Jai Gaso. | | | | _ | | if this is: | | | |
| | otor 2 ouse, if filing) | | | | | | ☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date: | | | | | |
| Unit | ed States Bankr | ruptcy Court for the: | NORTH | IERN DISTRICT OF | ILLINOIS | | | M | IM / DD / YYYY | | | |
| l | e number nown) | | | | | | | | | | | |
| O | fficial Fo | rm 106J | | | | | | | | | | |
| S | chedule | J: Your I | Exper | ises | | | | | | | 12/15 | |
| Be info | as complete ormation. If m | and accurate as | possible eded, atta | . If two married peo | | | | | | | | |
| | | ribe Your House | hold | | | | | | | | | |
| 1. | □N | o line 2. es Debtor 2 live i | · | ate household? ial Form 106J-2, <i>Exp</i> | penses for | Separate House | ehold of D |)ebtc | or 2. | | | |
| 2. | Do you hav | e dependents? | □ No | | | | | | | | | |
| | Do not list D | ebtor 1 | Yes. | Fill out this information each dependent | | ependent's relation ebtor 1 or Debtor | | | Dependent's age | Does dependent live with you? | : | |
| | Do not state dependents | | | | N | lother | | _ | 78 | □ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No | | |
| 3. | expenses o | penses include of people other the d your depender | han $_{m 	au}$ | No Yes | _ | | | | | □ Yes | | |
| Est exp | imate your ex | nate Your Ongoi expenses as of you a date after the b | our bankr | ly Expenses uptcy filing date un y is filed. If this is a | iless you a a supplem | re using this fo ental <i>Schedule</i> | orm as a e <i>J</i> , checl | sup (the | plement in a Cha box at the top o | apter 13 case to re of the form and fill | eport in the | |
| the | | h assistance an | | government assista Cluded it on <i>Schedt</i> | | | | | Your expo | enses | | |
| 4. | | or home owners | | ses for your reside or lot. | ence. Inclu | de first mortgag | e 4. | \$ | | 650.00 | | |
| | If not include | ded in line 4: | | | | | | | | | | |
| | | estate taxes erty, homeowner's | s, or renter | 's insurance | | | 4a. 4b. | | | 0.00 | | |
| | | e maintenance, re eowner's associat | | upkeep expenses | | | 4c. | | | 0.00 | | |
| 5. | | | | our residence, such | as home | equity loans | 4d. 5. | \$ | | 0.00 | | |

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| Debtor 1 | Earl L. Burl | Case num | ber (if known) | |
|------------------------|--|--------------|----------------------|-------------------------|
| 5 T; ; | Hoo: | | | |
| 6. Utili 6a. | ties: Electricity, heat, natural gas | 6a. | \$ | 250.00 |
| 6b. | Water, sewer, garbage collection | 6b. | * | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | : | 200.00 |
| 6d. | Other. Specify: | 6d. | * | 0.00 |
| | d and housekeeping supplies | — ou. 7. | | |
| | dcare and children's education costs | 7. 8. | * | 350.00 |
| _ | | o. 9. | | 0.00 |
| | hing, laundry, and dry cleaning | | | 50.00 |
| | sonal care products and services | 10. | · - | 50.00 |
| | ical and dental expenses | 11. | \$ | 75.00 |
| | sportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 200.00 |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | | 0.00 |
| | ritable contributions and religious donations | 14. | · - | 50.00 |
| 5. Ins u | _ | 14. | Ψ | 30.00 |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 0.00 |
| | Health insurance | 15b. | | 0.00 |
| | Vehicle insurance | 15c. | · | 100.00 |
| | Other insurance. Specify: | 15d. | · - | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | 13u. | Ψ | 0.00 |
| Spe | | 16. | \$ | 0.00 |
| | allment or lease payments: | 47- | • | 544.00 |
| | Car payments for Vehicle 1 | 17a. | · | 514.00 |
| | Car payments for Vehicle 2 | 17b. | · - | 0.00 |
| | Other. Specify: | 17c. | · | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report as | | \$ | 0.00 |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). er payments you make to support others who do not live with you. | 10. | \$ | 0.00 |
| Spe | | 19. | Ψ | 0.00 |
| | er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e | | our Income | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20b. 20c. | | |
| | | | | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. 20e. | | 0.00 |
| | Homeowner's association or condominium dues | | · | 0.00 |
| | Specify: | 21. | +\$ | 0.00 |
| | sulate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 2,489.00 |
| 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,489.00 |
| 3. Calc | culate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,554.21 |
| | Copy your monthly expenses from line 22c above. | 23b. | | 2,489.00 |
| | | _00. | | 2,700.00 |
| 23c. | Subtract your monthly expenses from your monthly income. | 23c. | \$ | 65.21 |
| | The result is your <i>monthly net income</i> . | 200. | | 33.21 |
| | ou expect an increase or decrease in your expenses within the year after yo | | | |
| | xample, do you expect to finish paying for your car loan within the year or do you expect your n fication to the terms of your mortgage? | nortgage pa | ayment to increase o | r decrease because of a |
| | , , , | | | |
| | | | | |
| \square Y | es. Explain here: | | | |

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| Fill in this infor | mation to identify your | case: | | | |
|---------------------------------|--|---------------------------|---------------------|---|---|
| Debtor 1 | Earl L. Burl | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| (Spouse II, IIIIIIg) | riist Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| | | | | | |
| Official Forn | <u>n 106Dec</u> | | | | |
| Declarat | ion About a | n Individual | Debtor's | Schedules | 12/15 |
| | | | | | |
| If two married pe | eople are filing togethe | r, both are equally respo | nsible for supplyi | ng correct information. | |
| obtaining money | | n connection with a bank | | | tement, concealing property, or 000, or imprisonment for up to 20 |
| Sign | n Below | | | | |
| Did you pay | y or agree to pay some | one who is NOT an attor | ney to help you fil | I out bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | Attach <i>Bankruptcy Peti</i> _ and Signature (Official Fo | tion Preparer's Notice, Declaration, orm 119). |
| | Ity of perjury, I declare e true and correct. | that I have read the sum | mary and schedu | es filed with this declarat | ion and |
| X /s/ Earl | I L. Burl | | x | | |

Earl L. BurlSignature of Debtor 1

Date March 18, 2016

Signature of Debtor 2

Date

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| Fill in | this inforn | nation to identify you | r case: | | | |
|------------------|-------------------------|--|--|---|---|---|
| Debto | r 1 | Earl L. Burl | | | | |
| Dobto | - 0 | First Name | Middle Name | Last Name | | |
| Debto (Spouse | if, filing) | First Name | Middle Name | Last Name | | |
| United | d States Ba | nkruptcy Court for the: | NORTHERN DISTRICT O | OF ILLINOIS | | |
| Casa | number | | | | | |
| (if know | _ | | | | _ | Check if this is an mended filing |
| | | rm 107 of Financial | Affairs for Individ | luals Filing for B | ankruptcy | 12/1: |
| nform numbe | ation. If mer (if knowr | ore space is needed, n). Answer every que | attach a separate sheet to stion. | this form. On the top of an | equally responsible for su y additional pages, write yo | |
| Part 1 | | r current marital statu | arital Status and Where You us? | Livea Before | | |
| | Married Not mar | | | | | |
| 2. D | uring the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | • | | • | • | | |
| | No Yes. Lis | t all of the places you | lived in the last 3 years. Do n | ot include where you live nov | v. | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | nity property state or territorico, Texas, Washington and \ | |
| | No | ,, | ,,, | | , | , |
| | Yes. Ma | ike sure you fill out <i>Sci</i> | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Explai | n the Sources of You | r Income | | | |
| Fi | II in the tota | al amount of income yo | nployment or from operating user received from all jobs and have income that you receive | all businesses, including part | | endar years? |
| | | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$6,151.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Page 33 of 48 Document Case number (if known) Earl L. Burl Debtor 1 Debtor 2 Debtor 1 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$56,216.00 ☐ Wages, commissions, ■ Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$42,696.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below.. (before deductions and Describe below. (before deductions exclusions) and exclusions) List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

| _ | INU |
|---|--------------------------------------|
| | Yes. List all payments to an insider |

Amount you **Insider's Name and Address** Dates of payment **Total amount** Reason for this payment paid still owe

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| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | | | | | |
|-----|---|--|---------------------------|--------------------|--------------|--------------|--|--|--|--|--|
| | ☐ Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Total amount A | mount you | Reason for | this payment | | | | | |
| | | | paid | still owe | Include cred | itor's name | | | | | |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | | | | | | |
| 9. | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of the case | | | | | | | |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No Yes. Fill in the information below. | | | | | | | | | | |
| | Creditor Name and Address | Describe the Property | Date | | Value of the | | | | | | |
| | | Explain what happened | d | | | property | | | | | |
| | Internal Revenue Service Box 7346 Philadelphia, PA 19101-7346 | \$2000 Property was reposse Property was foreclos Property was garnish Property was attache | 2015 | | \$2,000.00 | | | | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date ac | ction was | Amount | | | | | |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes | | | | | | | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | | | | |
| 13. | Within 2 years before you filed for bankrup: No Yes. Fill in the details for each gift. | tcy, did you give any gift | s with a total value of n | nore than \$600 | per person | ? | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates y the gift | ou gave s | Value | | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | | | |

Case 16-09467 Doc 1 Filed 03/18/16 Entered 03/18/16 16:12:11 Desc Main Page 35 of 48 Document Case number (if known) Debtor 1 Earl L. Burl 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. \square No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of or transfer was Address transferred payment **Email or website address** made Person Who Made the Payment, if Not You Summit Financial Education, Inc. Credit counseling course 3/11/16 \$9.95 PO Box 1636 Cortaro, AZ 85652 www.summitfe.org Damita Buffington & Associates, LLC **Attorney Fees** 3/14/16 \$795.00 10849 S. Western Ave. Chicago, IL 60643 Chicago, IL 60643 bknotices@chicagoelimidebt.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. П Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment

made

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Debtor 1 Earl L. Burl

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | | | | |
|--|--|---|--|-------------------------------|-----------------------|---|---|--|--|--|--|--|
| | Person Who Received To Address | | Description and v | | payme | ibe any property or ents received or debts n exchange | Date transfer was made | | | | | |
| | Person's relationship to you | | | | • | 3 | | | | | | |
| 19. | - | O years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a ary? (These are often called asset-protection devices.) Fill in the details. | | | | | | | | | | |
| | Name of trust | Description and value of the property transferred | | | sferred | Date Transfer was | | | | | | |
| | | | made | | | | | | | | | |
| Par | tt 8: List of Certain Fina | ncial Accounts, Instr | uments, Safe Deposi | t Boxes, and St | orage Unit | ts | | | | | | |
| 20. | | Nithin 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, | | | | | | | | | | |
| | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | | | | |
| | ■ No | , | | | | | | | | | | |
| | ☐ Yes. Fill in the detail | s. | | | | | | | | | | |
| | Name of Financial Institu Address (Number, Street, City Code) | | ast 4 digits of account number | Type of account or instrument | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | | | |
| | ■ No □ Yes. Fill in the detail | s. | | | | | | | | | | |
| | Name of Financial Institu Address (Number, Street, City | | Who else had acc Address (Number, S State and ZIP Code) | | Describe the contents | | Do you still have it? | | | | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy | | | | | | | | | | | |
| | No Yes. Fill in the detail | s. | | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City | | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe the contents | | Do you still have it? | | | | | |
| Par | rt 9: Identify Property Yo | ou Hold or Control fo | r Someone Fise | | | | | | | | | |
| Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in tr | | | | | | | | | | | | |
| | for someone. | | | | | | | | | | | |
| | Yes. Fill in the detai | ls. | | | | | | | | | | |
| | Owner's Name Address (Number, Street, City | , State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | | Describe | the property | Value | | | | | |
| Par | rt 10: Give Details About | Environmental Infori | mation | | | | | | | | | |
| For | the purpose of Part 10, the | e following definition | ns apply: | | | | | | | | | |
| | Environmental law means | s any federal, state, c | or local statute or reg | ulation concern | ing polluti | ion, contamination, releas | ses of hazardous or | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

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Case number (if known) Document

Earl L. Burl Debtor 1

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| | hazardous material, pollutant, contaminant, or similar term. | | | | | | |
|-----|--|--|-------|--|--------------------|--|--|
| Rep | Report all notices, releases, and proceedings that you know about, regardless of when they occurred. | | | | | | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | e und | der or in violation of an environme | ental law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case | | |
| Par | 11: Give Details About Your Business or Co | nnections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have ar | ny of | the following connections to any | business? | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to Part 12. | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | |
| | Business Name Do Address | scribe the nature of the business | | Employer Identification number Do not include Social Security number or ITIN. | | | |
| | | ame of accountant or bookkeeper | | Dates business existed | | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details below. | | | | | | |
| | Name Da Address (Number, Street, City, State and ZIP Code) | ate Issued | | | | | |
| Dos | 40. Cian Balaw | | | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

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Case number (if known) Debtor 1 Earl L. Burl

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Earl L. Burl | | |
|------------------|-----------------------|--|
| Earl L. Burl | | Signature of Debtor 2 |
| Signa | ture of Debtor 1 | |
| Date | March 18, 2016 | Date |
| Did yo | u attach additional p | ages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| No | | |
| □ Yes | : | |
| Did yo | u pay or agree to pay | y someone who is not an attorney to help you fill out bankruptcy forms? |
| No | | |
| □ Yes | . Name of Person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this infor | mation to identify your | case: | | | |
|---|---|---|--|--|---|
| Debtor 1 | Earl L. Burl | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIST | TRICT OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| If you are an ind creditors hav you have leas You must file thi whiche on the If two married po | nt of Intention Ividual filing under charge claims secured by your sed personal property as is form with the court we ever is earlier, unless the form eople are filing togethem date the form. | pter 7, you must fi ur property, or and the lease has n rithin 30 days after te court extends th r in a joint case, bo | | he date set for the pies to the credito correct informatio | ors and lessors you list |
| Part 1: List Y | our name and case nur our Creditors Who Hav tors that you listed in Pa | e Secured Claims | : Creditors Who Have Claims Secured b | y Property (Officia | I Form 106D), fill in the |
| information be Identify the cr | elow. reditor and the property t | hat is collateral | What do you intend to do with the prosecures a debt? | | I you claim the property exempt on Schedule C? |
| | | | | | |
| Creditor's S | Santander Consumer | USA | ☐ Surrender the property. ☐ Retain the property and redeem it. | | No |
| Description of | | 05000 11 | Retain the property and enter into a | | Yes |
| | 2013 Toyota Venza | 35000 miles | Reaffirmation Agreement. | | |
| property securing debta | : | | ☐ Retain the property and [explain]: | | |
| cooding dobt | • | | | | |
| For any unexpire in the information | on below. Do not list rea | ase that you listed al estate leases. Ur | in Schedule G: Executory Contracts and expired leases are leases that are still in the trustee does not assume it. 11 U.S.C. | effect; the lease p | s (Official Form 106G), fill period has not yet ended. |
| Describe your u | unexpired personal pro | perty leases | | Will the | lease be assumed? |
| Lessor's name: | | | | □ No | |
| Description of le | ased | | | □ 100 | |
| Property: | | | | ☐ Yes | |
| Laggaria | | | | - | |
| Lessor's name: Description of le | ased | | | ☐ No | |
| Property: | - | | | ☐ Yes | |
| | | | | | |
| Lessor's name: | | | | ПΝο | |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| B8 (Form 8) (12/08) | Page 2 |
|--|--|
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease. | about any property of my estate that secures a debt and any personal |
| X /s/ Earl L. Burl | X |
| Earl L. Burl Signature of Debtor 1 | Signature of Debtor 2 |
| Signature of Debter 1 | |
| Date March 18, 2016 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| • | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-09467 Doc 1 Filed 03/18/16 Entered 03/18/16 16:12:11 Desc Main Document Page 45 of 48

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | e Earl L. Burl | | Case No. | | |
|-------|--|------------------------------------|--|--|--|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | ORNEY FOR DE | CBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | of the petition in bankrupto | cy, or agreed to be paid | to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | \$ | 795.00 | |
| | Prior to the filing of this statement I have received | | \$ | 795.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compen | nsation with any other person | on unless they are mem | pers and associates of my law firm. | |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name | | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | a. Analysis of the debtor's financial situation, and renderib. Preparation and filing of any petition, schedules, stater | | | file a petition in bankruptcy; | |
| | c. Representation of the debtor at the meeting of creditors | s and confirmation hearing, | and any adjourned hea | rings thereof; | |
| | d. [Other provisions as needed] Negotiations with secured creditors to re-reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on house | is as needed; preparation | exemption planning on and filing of mot | preparation and filing of ons pursuant to 11 USC | |
| | 522(1)(2)(A) for avoidance of fields of flour | senoia goods. | | | |
| 7. | By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions of any other adversary proceeding. | | | | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of any a pankruptcy proceeding. | agreement or arrangement f | or payment to me for re | presentation of the debtor(s) in | |
| N | March 18, 2016 | /s/ Damita G. B | uffington | | |
| | Date | Damita G. Buffi | ngton 6228924 | | |
| | | Signature of Attor Damita Buffing | <i>ney</i> ton & Associates, L | LC | |
| | | 10849 S. Weste | rn Ave. | | |
| | | Chicago, IL 606 773-298-0280 | 643 Fax: 773-298-0284 | | |
| | | bknotices@chi | cagoelimidebt.com | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Illinois

| | | Not therm District of Hillions | | |
|-------|---|---|-------------------|---------------------------|
| In re | Earl L. Burl | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | VI | ERIFICATION OF CREDITOR N | MATRIX | |
| | | Number o | f Creditors: | 16 |
| | The above-named Debtor(s (our) knowledge. |) hereby verifies that the list of credi | itors is true and | correct to the best of my |
| Date: | March 18, 2016 | /s/ Earl L. Burl Earl L. Burl Signature of Debtor | | |

A/r Concepts 18-3 E Dundee Rd Barrington, IL 60010

Ascension Services L P 1550 N Norwood Ste 305 Hurst, TX 76054

City of Chicago Dept. of Finance 33589 Treasury Center Chicago, IL 60694-3500

Comcast Box 3002 Southeastern, PA 19398-3002

Department of Veterans Affairs PO Box 530269 Atlanta, GA 30353-0269

Directv Box 9001069 Louisville, KY 40290-1069

Gateway One Lending & Finance 1601 Riverview Dr Ste 100 Anaheim, CA 92808

Internal Revenue Service Box 7346 Philadelphia, PA 19101-7346

MCSI -Municipal Collection Services, Inc 7330 College Dr Suite 108 Palo Heights, IL 60463

MCSI -Municipal Collection Services, Inc 7330 College Dr Suite 108 Palo Heights, IL 60463 MCSI -Municipal Collection Services, Inc 7330 College Dr Suite 108 Palo Heights, IL 60463

Raymond L. D'Amico DDS 7830 W. North Ave. Elmwood Park, IL 60707

Santander Consumer USA Po Box 961245 Fort Worth, TX 76161

Schaumburg Oral Surgery c/o A/R Concepts, Inc. Barrington, IL 60010-5292

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Us Employees Cr Un 230 S Dearborn St Ste 29 Chicago, IL 60604